

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2001

Application or Docket Number

09/990916

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |               |                          |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     | 29            |                          |
| FOR 11 14 01                     | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 29 minus 20 = | 9                        |
| INDEPENDENT CLAIMS               | 4 minus 3 =   | 1                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE

OTHER THAN  
OR SMALL ENTITY

| RATE      | FEES   |
|-----------|--------|
| BASIC FEE | 370.00 |
| X\$ 9=    |        |
| X42=      |        |
| +140=     |        |
| TOTAL     |        |

| RATE      | FEES   |
|-----------|--------|
| BASIC FEE | 740.00 |
| X\$18=    | 162    |
| X84=      | 84     |
| +280=     |        |
| TOTAL     | 990    |

CLAIMS AS AMENDED - PART II

04/21/05 (Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |    |                          | PRESENT<br>EXTRA |
|--|---|---|----|--------------------------|------------------|
|  |   | MINUS                                       | ** | =                        |                  |
| Total  | 29  | Minus                                       | 29 | =                        |                  |
| Independent                                    | 4   | Minus                                       | 4  | =                        |                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |    | <input type="checkbox"/> |                  |

04/21/05

SMALL ENTITY OR OTHER THAN  
OR SMALL ENTITY

| RATE             | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|
| X\$ 9=           |                        |
| X42=             |                        |
| +140=            |                        |
| TOTAL ADDIT. FEE |                        |

| RATE             | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|
| X\$18=           |                        |
| X84=             |                        |
| +280=            |                        |
| TOTAL ADDIT. FEE |                        |

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| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |    |                          | PRESENT<br>EXTRA |
|--|---|---|----|--------------------------|------------------|
|  |   | MINUS                                       | ** | =                        |                  |
| Total  | 18  | Minus                                       | 29 | =                        |                  |
| Independent                                    | 3   | Minus                                       | 4  | =                        |                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |    | <input type="checkbox"/> |                  |

| RATE             | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|
| X\$ 9=           |                        |
| X42=             |                        |
| +140=            |                        |
| TOTAL ADDIT. FEE |                        |

| RATE             | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|
| X\$18=           | 790                    |
| X84=             |                        |
| +280=            |                        |
| TOTAL ADDIT. FEE | 790                    |

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |    |                          | PRESENT<br>EXTRA |
|--|---|---|----|--------------------------|------------------|
|  |   | MINUS                                       | ** | =                        |                  |
| Total  |   | Minus                                       | ** | =                        |                  |
| Independent                                    |   | Minus                                       | ** | =                        |                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |    | <input type="checkbox"/> |                  |

| RATE             | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|
| X\$ 9=           |                        |
| X42=             |                        |
| +140=            |                        |
| TOTAL ADDIT. FEE |                        |

| RATE             | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|
| X\$18=           |                        |
| X84=             |                        |
| +280=            |                        |
| TOTAL ADDIT. FEE |                        |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.